NHS
Bedfordshire, Luton and Milton Keynes
Commissioning Collaborative

One BLMK CCG proposal - You said, We did summary

Overview

Prior to the decision to progress with plans to create a single CCG, we had already been on a journey of change following the establishment of the Bedfordshire, Luton and Milton Keynes Commissioning Collaborative and single executive team in November 2018.

Early in January 2020, the CCGs began an engagement programme across a range of audiences to seek feedback on the proposal to create a single CCG. This was paused between March and June due to the Covid-19 level 4 national emergency. Whilst there is no statutory responsibility to consult on the creation of the BLMK CCG, the creation of a new single organisation is viewed as a significant change locally and so it was essential that we informed, involved and engaged key audiences to demonstrate this is the right thing to do for our local populations, our members and our staff, providing reassurance and building trust along the way. We adjusted our approach in the light of Covid-19 restrictions and the full detail is provided in our communications and engagement report.

What we have heard

Our Communications and Engagement report, including 'you said, we did' sets out the wide-ranging engagement we have undertaken on this proposal, the extensive feedback we have received and the actions we have taken as a result. There is also a high-level summary of what we have heard from the public, our members, staff and stakeholders so far and our responses in the Case for Change. There are three key themes that have emerged.

Key themes from our engagement

1. How can we be assured of a strong local focus in terms of services and funding?

All audiences have shared concerns about being part of a bigger system and the potential impact this could have on their local health services – in terms of local funding transferring to other areas and access to local services - and being able to influence decisions that affect local areas. The CCG is committed to:

- Retaining locally based CCG staff who have experience and knowledge of working with their local communities and local authorities. Our People Plan describes how we will seek to retain key staff during the organisational change process.
- Being represented by the Clinical Chair and Accountable Officer at all four Health and Wellbeing Boards and driving local transformation on the basis of the local Health and Wellbeing strategies
- Having a lead Executive Director responsible for each of our four local authorities
- Ensuring that GPs from across the single CCG area represent the membership on the Governing Body by working with local membership forums and utilising relationships with our primary care teams to make links with those who have expressed an interest in these roles. How we will ensure we secure representation from the four local authority areas will be described in our governance handbook.

- Adopting a population health approach across all four areas to ensure we are responding to local needs
- Establishing PCNs across BLMK and appointing Primary Care Clinical Transformation Directors to support the PCNs to thrive at local authority and ICP level
- Giving equal and sufficient focus to all four local authorities across BLMK by reviewing our work with local authorities regularly at executive meetings and ensuring an appropriate distribution of the new CCG's local authority facing staff
- Taking advantage of the efficiencies achieved by creating a single organisation (in excess of our required 20% running cost reduction) to invest in local transformation such as transferring CCG staff and commissioning budgets to providers as ICPs take on commissioning functions as described in our benefits realisation plan
- Ring fencing local primary care funding for two years – this was agreed in response to concerns from our GP membership that local primary care funding should be protected at a predecessor CCG boundary level for the first two years of operation whilst new CCG arrangements were embedded
- Committing to taking a co-production approach to working with local authority colleagues, overview and scrutiny committees, local Healthwatch and local people on any proposed service changes

2. How will you ensure the clinical representation and leadership?

All audiences are keen to understand more about the leadership of the new organisation, who will it consist of, how can we ensure diversity reflective and representative of our local populations and importantly, what assurance there is that the organisation will continue to be clinically led. The CCG is committed to:

- Clinicians are in the majority of the membership on our Governing Body to ensure we are a clinically led organisation with a strong local voice. The draft constitution for BLMK CCG proposes seven member representatives who will be drawn from the membership across the single CCG area. It is important to emphasise that these members will be elected by, and accountable to, the whole membership of the single CCG and not representing localities. However we are keen to ensure representation from across the CCG area. Following feedback from BBC Mayor, Overview and Scrutiny Committee and Bedford Healthwatch we have provided assurance that we will seek to ensure there is at least one GP from a practice or PCN in the BBC area. We will continue to discuss this matter with BBC as we appreciate it is an important issue for them.
- At an operational level, we have appointed two Primary Care Clinical Transformation Directors, Nina Pearson for Bedfordshire & Luton and Omatayo Kufeji for Milton Keynes. These are not Governing Body roles and are additional clinical leadership roles focussed on the transformation of primary care and PCNs.
- As part of our recruitment to the new Governing Body we will be seeking to ensure that there is an appropriate diversity of Governing Body Members in terms of the protected characteristics. We will do this through our recruitment campaign, encouraging people from all backgrounds to apply and in our recruitment processes ensuring that they do not disadvantage applicants with protected characteristics.
- We have appointed an Executive Medical Director who has a wider professional leadership remit liaising across the BLMK system, is the Caldicott Guardian and works closely with the Director of Primary Care in support of PCN development and a Chief Nurse to ensure that there is a strong multi-professional clinical voice within the executive team working in co-production with our members and other clinicians, particularly around the cancer, stroke, mental health, children and young people pathways.

- Following discussions with our membership as part of our co-design process on the constitution, we have decided to retain three local member forums based on the predecessor CCG boundaries to ensure that local GPs can meet together and focus on the issues that are important in their area, as well as being able to feed into a BLMK Clinical Commissioning Forum which also includes PCN Directors. Bedfordshire GPs were given the option of having a member forum for each borough but preferred to retain their existing forum for Bedfordshire.

3. How will you work with partners to get the best outcomes for local people?

Our ICS partners in particular wanted to understand how the CCG will work in partnership across the system to deliver improved outcomes for people, moving away from the traditional 'commissioner/provider split' transactional relationships of the past. We recognise the importance of developing into a strategic commissioner and working with our health, local council and other colleagues to provide joined-up and efficient services. We have described how we will do this in our commissioning strategy. In summary, the CCG is committed to:

- Continuing with its co-design approach with partners and stakeholders to the develop the new CCG and our strategies including co-designing strategic commissioning and how it works with the BLMK ICS partners, with independent support from Carnall Farrar
- Supporting delivery of local Health and Wellbeing plans and other local strategies to address inequalities, for example Luton's 2040 strategy to eradicate poverty in the Borough
- Participating in all relevant and key local meetings (such as Health and Wellbeing Boards, Transformation Boards, OSCs and operational meetings) and focussing on the delivery of local projects such as hub programmes and local out of hospital plans
- Ensuring a population health management approach is integral to the vision and strategic priorities of the new organisation
- Sharing best clinical practice and quality improvement across BLMK to reduce health inequalities
- Taking a co-production approach to involve local patients, communities, partners, elected members and stakeholders at the beginning of any potential changes to local health services to achieve the best outcomes for local people
- Listening to the views of our population through a process of continuous engagement and using their insights to inform commissioning as described in our communications and engagement strategy
- Involving patients, members, staff and partners in co-producing our CCG organisational values and behaviours, our initial work on this area forms part of the Carnall Farrar work programme

Response to the public survey

We undertook a public survey during August – September 2020 with 954 people responding. This gave local people the opportunity to share their views on the proposal to bring together Bedfordshire, Luton and Milton Keynes Clinical Commissioning Groups (BLMK) Clinical Commissioning Groups (CCG) to form one Clinical Commissioning Group for BLMK from April 2021.

The following were the most important themes that emerged from those who responded and our response to those. Details can be found in the full Engagement Report that is available on the BLMK CCG website.

You said	We did
Accessing health services Residents were concerned that patients are having issues accessing services and may be required to travel further distances, should services be taken out of area or moved out of their neighbourhood. Most residents were concerned about the costs associated with public transport.	The merger proposal does not propose any service changes so will not have any impact on travel. If the CCGs propose any service changes these will be done in consultation with local overview and scrutiny committees and the public as outlined in our communications and engagement strategy. Our Equality Impact Assessment highlights potential impacts on people with protected characteristics in relation to travel so we are aware of the need to consider this issue. We will work with our local authority colleagues to address the travel concerns raised in the survey The development of Primary Care Networks will enable care to be delivered locally based on local contexts and need and will enable people to access care closer to home, reducing travel.
Appointments Waiting times and availability of appointments were a key theme with respondents commenting that they would like it to be able to get an appointment more easily and to see a reduction in waiting times for both GP and hospital appointments.	The merger proposal does not propose any changes to waiting times but as a single CCG we are committed to reducing unwarranted variation in primary care and to improving health and wellbeing outcomes for patients. Our Quality and Performance Committee will monitor waiting times across BLMK and work with providers to address delays. We know that this issue is important to people and to improving outcomes for people so it will be a key area of focus for us as a CCG and as a wider system
Commissioning services Respondents expressed concern that the proposal would see services removed	The merger proposal does not include any proposals to remove services. Any service changes will be proposed on the basis of clinical evidence and will be developed in consultation with local overview and scrutiny committees and local people via co-production as outlined in our communications and engagement strategy.

	The development of Primary Care Networks will enable care to be delivered locally based on local contexts and need and will enable people to access care closer to home.
Finance and workforce Some respondents were concerned that the formation of one CCG was a cost-cutting exercise and that services may not necessarily improve as a result. Respondents were keen that any savings be reinvested into front line workers and services.	As a CCG we are required to deliver a 20% reduction in our running costs and we believe becoming one CCG will enable us to achieve this without having a negative impact on health outcomes for our population. Becoming one organisation will help us to work more efficiently and by doing so we aim to redirect any additional savings made into front line care services in BLMK, directly benefitting patients and the public.
Health inequalities Respondents were concerned that the CCG should take steps to reduce health inequalities across the area, ensuring that commissioned services meet the needs of individuals	Reducing health inequalities is one of our key priorities as a new CCG and we believe that our population health approach will enable us to do this work at a faster pace and with greater impact. We will work with local GPs in the PCNs and our wider health and social care partners to identify health inequalities in local areas and use local resources to best effect to reduce inequalities and improve outcomes for our population.
Listening, engaging and involving A significant number of respondents outlined the importance of involving patients, staff and partner organisations in commissioning decisions, suggesting that services be co-designed to stave off a 'one size fits all' approach.	We are committed to taking a co-production approach to service development and improvement and this is described in our communications and engagement strategy. We want to work with local communities to develop services that meet their needs and are accessible to them – only by taking this approach will be achieve our CCG's mission of improving health and wellbeing outcomes for the people of BLMK. We will have three lay members on our Governing Body who will ensure that the voice of patients and the public is heard in our Governing Body meetings and throughout our governance structure. Our Patient and Public Engagement Committee will oversee all of our work on listening, engaging and involving the public and this will be chaired by one of our lay Governing Body members.
Local needs Respondents were concerned that the larger CCG would mean that local	We understand that people are concerned that a bigger organisation might be more remote from the local areas in BLMK. Our GP

populations were not considered and that localised services may be lost if the CCG was centralised.	members have emphasised the importance of strengthening our local focus within the new CCG and our governance structure has been designed to enable the local voice to be heard at all levels of decision-making. We will continue to work with the four local Healthwatch organisations to ensure the public's voice is heard in our decision-making and work. We have also committed to working closely in partnership with the four Local Authorities in BLMK ensuring that our Accountable Officer and Clinical Chair attend Health and Wellbeing Boards and by appointing a lead Executive Director for each Borough. Our Primary Care Network structure is based on the four local authority areas and the PCN CDs will play an increasingly active role in local transformation boards. This will increase the strength of clinical leadership the CCG is investing in local Boroughs.
Role of Governing Body Members and Directors Respondents called for the Governing Body to be as diverse as the population it serves and include a mix of professionals, lay members and patients	We agreed that the Governing Body should be as diverse as the population of BLMK so that we can make well-informed and appropriate decisions for our whole population. We will be seeking to attract candidates from a wide-range of background as we make appointments to our new Governing Body. The make-up of the Governing Body will include mix of GPs, lay members, other professionals and the patient will be represented by the GPs, lay members and Healthwatch. We will also invite patients to attend our Governing Body meetings to share their stories as the first item on our agenda.
Request to keep the three CCGs The free text within the survey provided opportunity for residents to share their views about more than the future shape of the organisation. Some respondents were opposed to the proposal to become one organisation and have outlined their request to retain three sovereign CCGs	We do not believe that the option of staying as 3 CCGs will provide the best outcomes for the people of BLMK. As 3 CCGs we have struggled financially and to retain senior staff. This has meant that we have not always had the money or staff capacity to deliver on our plans as quickly as we would have liked to. Becoming one organisation will make us stronger and more resilient and we believe this will enable us to deliver more for the people of BLMK than we can as 3 separate CCGs.

Partnership Working, Sharing of information and the BLMK Integrated Care System Respondents outlined that the CCG and other health care providers and partners should strive to work as one organisation and facilitate a system approach with all organisations working together to improve health services and outcomes for the public.	We agree with this view and are committed partners in the BLMK ICS. We want to work with all our system partners to provide people with streamlined and more personalised care. Becoming one CCG and developing as a strategic commissioner is an important step towards BLMK becoming a thriving ICS.

How will we continue to communicate and engage?

We have benefitted hugely from the feedback we have received during our pre-application engagement and we have developed our plans and our application having listened and responded to this feedback.

The next phase of our engagement process is focussed on working with all our stakeholders to incorporate what we have heard to further develop the draft strategies and detailed plans for the new CCG. We will continue with our programme of co-design with GP members and stakeholders throughout the remainder of 2020 and up to and beyond April 2021.

We thank our stakeholders for their invaluable contribution to our application and to the creation of the BLMK CCG